

2008



Grant County Health Department

"Protecting Public Health in Grant County for 73 years"

TO: The Honorable Chairman, John Patcle and the
Members of the Grant County Board of Supervisors

FROM: The Staff of the Grant County Health Department
and the Members of the Board of Health

RE: Report of the Grant County Health Department Programs
and Services for 2008

The work and efforts of a dedicated staff and Board of Health are reflected in this report. A special thank you to the Grant County Board of Supervisors, UW-Extension, Corporation Counsel, Personnel Department, Finance Director, Sheriffs Department, Emergency Management, Area Health Providers, Infection Control Practitioners, Pharmacists, SW Community Action Program, and Wisconsin Department of Health Services.

The mission of the
Grant County Health Department
is to
promote the health and wellness
of ALL residents
of Grant County.



Essential Public Health Services

1. Monitor health status to identify community health problems.
2. Identify, investigate, control, and prevent health problems and hazards in the community.
3. Educate the public about current and emerging health issues.
4. Promote community partnerships to identify and solve health problems.
5. Create policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and insure safety.
7. Link people to needed health services.
8. Assure a diverse, adequate, and competent workforce to support the public health system.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Conduct research to seek new insights and innovative solutions to health problems.
11. Assure access to primary health care for all.
12. Foster the understanding and promotion of social and economic conditions that support good health.

Health Priorities

- ▶ Increase access to primary and preventative health services.
- ▶ Ensure adequate and appropriate nutrition
- ▶ Prevent Alcohol and other substance abuse and misuse
- ▶ Prevent environmental and occupational health hazards
- ▶ Control existing, emerging, and re-emerging communicable diseases
- ▶ Reduce high risk sexual behavior
- ▶ Prevent intentional and unintentional injuries and violence
- ▶ Improve mental health and mental disorders
- ▶ Reduce the prevalence of obesity and lack of physical activity
- ▶ Limit social and economic factors that adversely influence health
- ▶ Reduce tobacco use and exposure

Department Overview

In 2008, Grant County Health Department administered over 20 programs with a staff of 31 including five part time staff as well as two LTE RNs, one LTE clerical and one shared CNA (~27.4 FTE). We also have two contracted positions including a Dental Hygienist and a Coordinator for our new underage drinking grant. Additionally, we have access to a Speech Therapist and Medical Directors for our Hospice and Public Health programs. The 2008 operating budget was approximately 2.49 million dollars (excluding donations). This is an increase from the 2007 budget which was approximately 2.36 million dollars. Approximately 1.96 million dollars (2008) was anticipated from sources other than the local tax levy making the health department largely funded by State, Federal, grant, and fee for service sources.

In 2008, five programs were supported directly, but not entirely, by county levy funds. Of the five programs the vast majority of levy is used to provide Public Health services many of which are mandated by the State (see essential public health services above). The other four programs provide direct services to children or individuals with health problems or disabilities. These programs include Personal Care, Personal Care Supervision (for Unified and Social Services), Home Nursing and Health Check. All programs are supported by levy funds through basic infrastructure (see the MAXIMUS report), administration, and other ancillary activities.

Highlights and Challenges in 2008

According to the UW Population Health Institute report, Grant County's health outcomes measure has steadily improved from 2004 until 2007 where it stabilized. In 2008, Grant County was ranked 22nd in health outcomes out of the 72 counties in Wisconsin. Health determinants improved from 41st in 2007 to 32nd in 2008 indicating that factors that contribute to health outcomes are improving. This provides evidence that health outcomes should improve over the next several years if this trend continues.

It also indicates that our public health and other programs as well as our partner's efforts, have had a significant positive impact on the health of individuals in our communities. This comes despite being ranked 58th and 66th worst for smoking and binge drinking rates respectively in the state according to the same report.

We added Dental Hygienist services in the three school districts at no direct cost to the county. In fact, there are additional revenues that can be reinvested into the program to expand it or provide additional access to dental care. Access to dental health care is a priority in our area as identified by our community health needs assessment.

We received a telehealth grant of more than \$14,000 to purchase telehealth equipment to save on travel and improve on patient outcomes. This will be important as fuel prices rise and as pay for services becomes more dependant on performance.

A \$50,000 grant was secured to address underage drinking problems. This was one of about 84 in the nation. This should help address the underage drinking issues and may positively impact our binge drinking problems in Grant County.

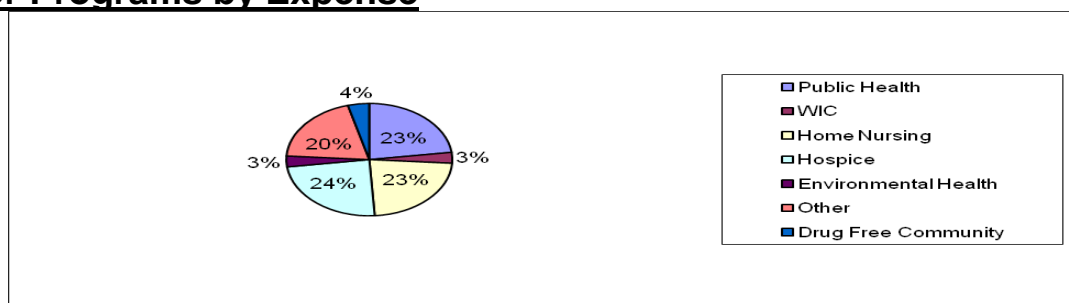
We were re-awarded funding through the federal government for our Drug-Free Community program. By the end of the current grant cycle over \$500,000 of federal assistance will have been provided to Grant County for substance abuse reduction as well as helping to curb underage drinking and smoking.

A second and third round of \$2,500 grants from the Wisconsin Department of Transportation were obtained to provide child passenger safety seats to low income families.

The largest hindrances of 2008 were delays and backlogs associated with problems with our new software for our Hospice and Home Health programs. Issues have placed additional stress on our clerical staff and caused our billing to be behind more than normal. This problem is slowly resolving itself as glitches in the software are corrected.

Additionally, rural Medicaid HMO expansion continues to hamper our efforts. Receiving Medical Assistance payments for services provided has become frustratingly difficult and resulted in a loss of revenue for the County. Despite these challenges we have managed to stay in budget with only minimal cuts in the services that have been affected by this trend.

Major Programs by Expense



Health Department Program Overviews

Public Health

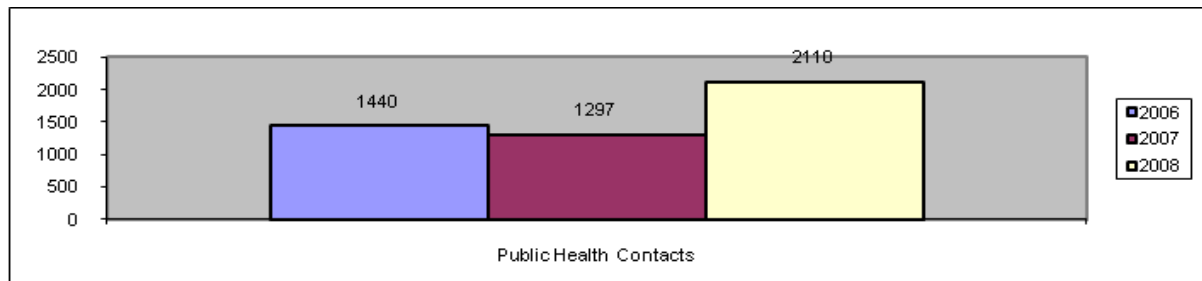
Health Departments play a key role in protecting the health of the community. In addition to programs developed based on identified need, health departments are required to provide specific services as identified by State Statutes and Administrative Rules. The vast majority of these requirements are unfunded therefore local levy and fees must be used to provide these services. Mandates include the control of communicable disease, health promotion, education, and prevention efforts.

Health Departments monitor the health of the community by using surveys and a multitude of data sets available locally, through the State, and from other public agencies and private entities. We educate the public through media releases, newsletters, classes, and outreach at community events and via communication with community leaders. We provide direct services in satellite clinics in 11 areas across the county, in schools, in homes and in businesses as well as directly out of our office.

We have an overarching goal of efficiently delivering services and creating one access point instead of many points of entry. Examples of services provided to our residents include:

- 1) Dental Hygienist Services
- 2) Fluoride varnish to prevent tooth decay
- 3) New mother and baby visits
- 4) Coordinating services of children with special health care needs
- 5) Health teaching and education outreach
- 6) Assisting families with individuals at risk for health or other problems
- 7) Communicable disease control
- 8) Emergency response

Below is the number of contacts for Public Health programs in 2008:

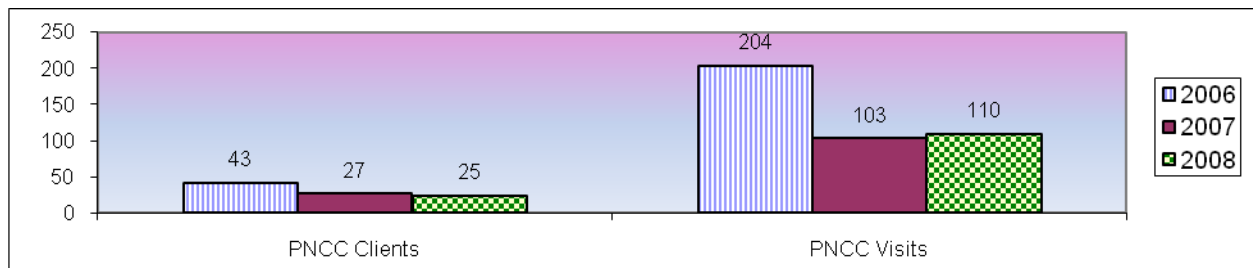


Prenatal Care Coordination (PNCC)

The PNCC program is directed toward women with greater risk for complications during pregnancies. PNCC can greatly improve birth outcomes for infants and saves thousands of dollars per year on preventable conditions by linking pregnant women to services that might not otherwise be provided. Upon referral, nurses educate pregnant women on the importance of early and regular prenatal care. Our nurses assist in coordinating services with the woman's healthcare provider and perform outreach, risk assessments, create care plans, and provide education. Links are also encouraged with other health department programs such as Women, Infants and Children (WIC) and Health Check providing a comprehensive set of services.

Education focuses on topics including: breastfeeding promotion, safety, nutrition, pregnancy related physiological and emotional changes, infant care, and parenting information is provided as well. Nurses incorporate counseling regarding the dangers of alcohol, drug, and tobacco use during pregnancy, and encourage quitting these behaviors by providing referrals to counseling or cessation groups when necessary.

Below are the number of clients and visits in the PNCC Program.



School Health

While some schools have nurses on staff, not all schools are able to maintain schools nurses. The Grant County Health Department provides basic health services to the following schools:

St Clements (Lancaster)	St Mary's (Platteville)	Potosi Elem./HS
Christian Day School	Amish/Mennonite Schools	Cuba City Elem./HS
St. Rose (Cuba City)	Holy Ghost (Dickeyville)	Immaculate Conception(Kieler)
St. Joseph (Sinsinawa)	RiverRidge Elm./HS	St. Mary's (Bloomington)
Iowa-Grant Elm./HS	Cassville Elm./HS	St. Charles (Cassville)

Direct services provided by Grant County Health Department staff include:

- Health plan and policy development
- Vision and hearing screenings for selected grades, including rechecks and referrals to appropriate health care providers as needed.
- School immunization clinics

- Follow-up on immunization requirements for entry.
- Blood pressure screening for 10th graders.
- Scoliosis letters to 6th and 8th graders
- Wellness clinics for employees
- Flu and pneumonia vaccine for employees
- Health resources and presentations for teachers, staff, students and parents

The Grant County Health Department also provides technical support and education for school districts that employ their own school nurse. Meetings are held several times a year to update them on important issues. We also assist schools in administering flu, pneumonia, and tetanus/diphtheria immunizations. Occasionally, support staff is provided to schools that have their own nursing staff to help out with health screening efforts. Schools located in Boscobel, Fennimore, Lancaster, Platteville, and Muscoda (Riverdale) receive these services.

Grant County Health Department is required to follow-up on cases or reports of communicable diseases to control the spread of illness in our school populations as part of our mandated responsibilities. We also ensure that children have the proper immunizations and administer Wisconsin's Checkpoint Law. A total of 717.75 nursing hours were spent relating to school health not including communicable disease control efforts. In addition, 5,777 miles were traveled by nurses relating to school health services. Public health aide time and administration are not included in this total (this is not specifically kept track of).

Jail Health

Two nurses from the Grant County Health Department regularly staff the Grant County Jail providing onsite care with scheduled visits three days a week (Monday, Wednesday, and Friday) and as needed. In addition, the jail is included in our "intake" system and "on call" rotation allowing our department to provide services as needed ensuring complete coverage 24 hours a day, 7 days a week including holidays. The jail nurses coordinate with the jail staff and health care providers to offer necessary care in as efficient and cost effective manner. Services include training of jail staff and acting as a resource for a variety of public health issues as well as directly serving inmates by doing such things as handling medications, collecting laboratory specimens, providing care, and maintaining records.

The 2008 State Jail Survey identified no deficiencies in the services provided by Grant County Health Department. In 2008, 721.75 hours of nursing time were provided to the jail. In addition, over 1,200 miles were traveled to provide jail health services in 2008. This represents about a 25% reduction in the number of hours (and overall cost) of the services. However, many hours of administration and processing orders were also absorbed in the public health and home nursing budgets.

WIC (Women, Infants and Children) Program

The purpose of the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is to promote and maintain the health and well-being of nutritionally at-risk pregnant, breastfeeding and postpartum women, infants and children. WIC provides supplemental nutritious foods, nutrition and breastfeeding information, and referrals to other health and nutrition services. WIC promotes and supports breastfeeding.

Health benefits of WIC participation include reduced:

- Premature births
- Low birth-weight babies
- Long-term medical expenses

Food Benefits for participants include:

- Milk, eggs, cheese.
- Cereals.
- Peanut butter, dried beans and peas.
- Tuna fish.
- Carrots.
- Fruit juices.
- Infant formula.

An average of 1,257 individuals were served per month toward the end of 2008 representing a significant increase over 2007 (which averaged 1,091). The Farmers market component was enhanced by having a farmer set up a market at a WIC clinic location during a clinic. This resulted in an increase in access to healthy foods for low income families and the number of drafts that were used toward fresh fruit and produce rose dramatically. Other WIC projects across the state are exploring the adoption of this idea.

In 2008, WIC families spent a total of \$735,693.88 at 12 Grant County grocery stores. A total of \$610,001 was spent in 2007.

Maternal Child Health (MCH) Program

This program has three projects that promote or protect the health of children. A portion of the MCH funds are used to provide fluoride varnish services to children in low income families. This service helps prevent cavities and tooth decay. A total of 475 fluoride varnishes were completed on children in 2008. Additionally, 30 health checks were provided to children that were not eligible for MA (see Health Check section for details).

MCH funding also protects infants and children while traveling in vehicles. Trained staff provided information about child restraints and the compatibility of child safety seats with both children and vehicles. Our staff is knowledgeable about recall information on defective car safety seats and identifies and suggests replacing outdated seats as well.

We also offered free or low cost child passenger safety seats to low income families as part of our injury prevention efforts. In 2008, over 86 car seats were given out and many inspections were performed. Several large donations and a second round of a \$2,500 grant from the Wisconsin Department of Transportation WINS program have helped expand the number of families that we have been able to assist.

Health Check

The Health Check Program provides comprehensive examinations of children aged birth to 21 years. A complete health check includes:

Head to toe physical exams	Immunizations
Lab tests	Eye exams
Growth and development assessments	Mouth exams
Nutritional screening	Other screenings

Health Check screenings are offered at most clinics with the WIC Program. However, as mentioned in the highlights and challenges section, rural MA HMO expansion continues to impact this program.

In 2008, 376 Health Checks were performed. Additionally, 745 blood lead screenings were completed for children in Grant County. In comparison, 611 Health Checks and 676 blood lead screenings were done in 2007.

WWWP (Wisconsin Well Woman Program)

Grant County Health Department administers the WWWP for women ages 45-64 meeting specific income requirements. Well Woman pays for mammograms, Pap tests, and certain other health screenings. Not all covered services are available from every provider. Although this program is very successful at detecting cancer in its early stages thus saving thousands of dollars in treatment costs, it's funding from the State has been somewhat unstable.

In 2008, 60 participants from Grant County were able to access the WWWP program.

Immunizations

In 2008, immunizations were offered at 14 different locations throughout the county including all WIC / Health Check Clinics and vaccine was also available at the health department office. Many vaccines are provided at no charge while others are billed at minimal expense.

In 2008, focus continued on infants born to families residing in Grant County. Specifically, we worked toward improving vaccination rates of those who turn 24 months of age during the year to ensure that they have received 4 DTaP, 3 Polio, 1 MMR, 3 Hib 3, Hepatitis B and 1 Varicella vaccination. Reminder cards were sent out to parents and special letters were sent out to those needing to be brought up to date. The baseline rate of up to date immunizations was 50%. By the end of 2008 the rate was increased to 66.22%

Several articles were placed in our newsletter and press releases were done as well. Providers were also contacted and given updated information as to what vaccines are available through our department as well as copies of our clinic schedules. In addition, we encouraged area providers to sign up to enter data directly into the Wisconsin Immunization Registry (WIR) and promoted WIR's accessibility to look up shot records to parents.

Below are the numbers of vaccinations given by the Grant County Health Department in 2008. It is important to note that changes in vaccines and the continued expansion of the use of combined vaccines have made comparisons to previous year's statistics more complex.

Number of Doses of Vaccine	2005	2006	2007	2008
DTaP - Diphtheria/Tetanus/Pertussis	484	484	386	366
Polio	281	298	215	196
MMR - Measles/Mumps/Rubella	492	548	387	388
Hepatitis A (pediatric)	6	14	76	146
Hepatitis B	57	61	35	22
Td - Tetanus/Diphtheria	555	885	845	147
Tdap (Adacel & Boostrix)	1	158	165	976
Hib - Haemophilus Influenza type B	448	433	386	312
HPV (Gardasil) (new in 2007)	0	0	172	282
Varicella (Chickenpox)	308	248	408	780
Pprevnar	657	558	482	474
Pediarix (DTaP/HepB/Polio)	430	384	349	357
Comvax (Hib/Hep B)	42	12	4	5
Meningitis	71	121	180	210
Rotavirus	0	3	76	134
Influenza	2973	2822	3048	2993
Pneumonia	65	95	89	113
Twinrix (Hep A/Hep B)	0	0	0	1
Hepatitis A (adult)	34	46	26	28
Hepatitis B (adult)	164	169	134	132
Total	7,068	7339	7463	8062

Communicable Disease Follow-Up

Certain diseases and conditions are considered to have a significant negative public health impact, and confirmed or suspected cases of these diseases must be reported promptly. The requirements for reporting an illness once the disease or condition is recognized or suspected varies depending on the particular disease. Many of the requirements are listed in the Chapter DHS 145, Control of Communicable Diseases. Local public health departments are responsible receiving such reports and for conducting follow-up activities with these illnesses to confirm the illness, educate the individual(s) about the illness and encourage treatment (if needed), and to ultimately control and reduce the spread of the disease. Telephone calls, letters, and/or face-to-face contacts are used to gather and distribute information. Identifying the source of an illness or outbreak or contacts to cases and locating individuals can be a very time consuming process.

In 2008, reporting requirements changed for several diseases. For example, Chickenpox became reportable with demographic information (prior to 2008 only the numbers of cases were reportable) and genital herpes was taken off the list of reportable illnesses (prior to 2008 an individual's first outbreak was reportable, subsequent outbreaks were not).

In 2008, we continued to work the State on the Wisconsin Electronic Disease Surveillance System (WEDSS) and the linkages with the Electronic Laboratory reporting (ELR) System by participating in the WEDSS Lead Team forwarding this program. This system is being piloted in Milwaukee and other areas of the state and training for all other health departments is scheduled to occur in summer of 2009.

Below is a summary of communicable diseases that were reported to the Grant County Health Department in 2008.

COMMUNICABLE DISEASES

(January 1 - December 31, 2008)

According to Wisconsin State Statute 252, any individual with knowledge or reason to believe that a person has a communicable disease, must report to their local health department. This includes physician, nurses, lab workers, teachers and the general public. The Grant County Health Department has received the following reports of illness. Staff has completed follow-up on these reports and appropriate action has been taken.

VACCINE PREVENTABLE DISEASES	2006	2007	2008
Chickenpox	7	13	21
Hepatitis A	0	0	1
Hepatitis B	0	0	4
Hib	0	0	0
Pertussis	2	8	0

SEXUALLY TRANSMITTED DISEASES	2006	2007	2008
Chlamydia	59	67	87
Gonorrhea	8	7	6
Herpes II (No longer reportable in 2008)	6	18	N/A

COMMUNICABLE DISEASES	2006	2007	2008
Arbo Virus	2	0	1
Aseptic Meningitis	0	0	0
Bacterial Meningitis	0	0	0
California Arbovirus	0	0	0
California Encephalitis	0	0	0
Campylobacter	16	15	22
Cat Scratch Disease	0	0	0
Cryptosporidium	15	31	36
Cyclosporiasis	1	0	0
E.Coli	5	0	1
Ehrlichiosis	1	0	0
Entamoeba Histolytica	0	0	0
Giardia	2	1	2
Hepatitis C	6	8	5
Histoplasmosis	0	1	1
Invasive Hemophilus Influenza	0	0	0
LaCrosse Encephalitis	0	0	0
Legionella	0	0	0
Listeria	0	0	0
Lyme Disease	24	12	11
Mumps	26	4	0
Mycobacterium (Non TB)	1	1	4
Q Fever	0	2	0
Salmonella	7	9	3
Shigella	0	0	1
Strept All Types	2	1	1
Toxic Shock Syndrome	0	0	1
Tuberculosis	0	1	0
Viral Encephalitis	0	0	0
Viral Meningitis	0	0	0
West Nile Virus	2	0	0
Yersinia	0	0	0
TOTALS	110	86	89

S.A.F.E. GRANT COUNTY COALITION

Established in 2001, the Grant County Drug-Free Community Coalition, now the S.A.F.E. Grant County Coalition, continues in its successful efforts to help reduce substance abuse, tobacco use, and underage drinking among youth. The Roundtable and the Grant County Tobacco-Free Coalition are a part of the S.A.F.E. coalition, which is primarily funded by the Drug-Free Communities grant. In order to diversify its membership, expand its programming, and increase its sustainability, the coalition changed its name in 2007 to S.A.F.E. (Safe Actions For Everyone).

The key to the overall effectiveness of this comprehensive program is the ability to initiate positive changes in social norms through proven research-based efforts as well as community outreach using leaders from 12 community sectors representing the many facets of society. The coalition also helps to develop and pay for the administration of the Southwest Youth Survey and the Grant County Youth Survey to help evaluate its effectiveness in reducing and preventing substance abuse among youth. In addition, it conducts a community assessment each year, collecting data from the Sheriff's office, local police departments, mental health clinics, and schools to evaluate its programs and efficiently target its services.

In 2008, several new projects were accomplished including an alcohol, tobacco and other drug grant for the assessment and substance abuse treatment of youth in the Muscoda/Avoca area, a \$50,000 grant with collaboration from the Grant County Sheriffs Department and Social Services to curb underage drinking, and a prescription drug round up done in conjunction with Center on Aging at Elderfest. Due to this latter event, we were able to collect 50 pounds of unwanted drugs (not including the containers) that will not contaminate the environment or get into the hands of our youth; both are growing problems in our area and the nation.

Another prescription drug round up, in partnership with UW-P Engineering students, was held in Platteville on April 26, 2008 and netted another 150 pounds of unwanted drugs. The annual 3-day Youth Leadership Conference was held at Bethel Horizons Retreat Center in Dodgeville and trained 54 youth to make a difference in their school/community to prevent drug abuse and other risky behaviors. Coalition staff also presented at Rural Safety Days in June to help kids stay drug-free. The coalition also hosted three Community Town Hall Meetings this past year to educate the public on various substance abuse topics.

By the end of the current drug-free communities, grant cycle (2008-09), over \$500,000 of federal assistance will have been provided to Grant County. The highly competitive reapplication for this latter program to hopefully fund another five-year cycle is currently underway, with a potential of an additional \$625,000 for the county. The new above underage drinking grant, SUDN or Stop Underage Drinking Now, is slated to add another \$200,000 in funding over the next four years. In addition, the coalition will manage a \$32,000 grant for the Riverway Community of Hope to help them offer the above assessment and substance abuse treatment for youth.

TOBACCO-FREE COALITION

In 2008, the Tobacco-Free Coalition, which is a branch of the S.A.F.E. Grant County Coalition, continued to partner with the Grant County Sheriff's Department to check for establishments selling tobacco to minors. A total of 203 compliance checks were attempted. The tobacco sales rate to minors was at 2% which is well below the state-wide percentage rate.

In February, two youth who were trained in the TATU program in Lancaster, along with the Coalition Coordinator presented an educational piece for the Lancaster City Council with regard to smoke-free air. The DVD provided by Smoke Free Wisconsin was used in this presentation. Then in March our Health Director asked the Council to consider signing a resolution to support Governor Doyle and the Smoke Free Wisconsin Movement. The Council decided to decline and look at the resolution at a later date.

In May, a City Council Member introduced a concern that smoking is allowed during youth events at two different city parks in Lancaster. This Council Member proposed posting signs that would state "No smoking on park grounds during youth events". Presently, the Council is considering this proposal.

A community event was held in collaboration with the Platteville Dairy Days events. The Tobacco-Free Coalition had youth march displaying data and messages about the hazards of tobacco. They also squirted water as one sign read "Stay cool; Above the influence". There was also an educational display at this event in the Platteville Park. The finale event offered an educational, informational, and fun program which included a juggler for kids with a tobacco-free message, a local Physician's Assistant as our guest speaker, as well as statistics and data given by local TATU youth. This event helped to build our coalition as well as educate the public about the importance of smoke-free establishments. We will plan to meet with the Platteville City Council in January 2009.

Environmental Health Programs

Grant County remains the lead agency in the Southwest Wisconsin Environmental Consortium. Members of the consortium include Grant, Lafayette, Iowa, Richland, and Vernon counties. This program addresses factors that can adversely impact the health of our citizens. Problems can include human health hazards such as vermin infestations, sewage or other waste problems, and water and air quality issues or public health nuisances which may endanger the safety or health of the public. Local health departments are required by state statute to respond to human health hazards and by local ordinance to respond to public health nuisances. Most complaints received by a health department are related to environmental health issues.

In 2008, the Environmental Health Coordinator also responded to flooding in several counties assessing dwellings and wells, and offering information on and assistance with determining how to properly clean up homes and sanitize wells after flood damage to protect the health of those impacted by these events. The number of families/homes needing inspections in 2008 far exceeded our capacity and counties were forced to seek out side help including hiring individuals to assist.

Grant County also operates a regional Radon Information Center (RIC). Radon is a naturally occurring gas that is considered to be the second leading cause of lung cancer in the U.S. Using a grant from the state our RIC does significant outreach and education and distributes free test kits to the public in a six county region.

The environmental health program also ensures that investigations on homes where lead poisoned children are identified are completed to determine the source of lead poisoning. This requires specialized training and certification. Once problems are identified our Environmental Health Coordinator works to ensure that these problems are corrected. The 2008 “Legacy of Lead” report found that Cuba City and Hazel Green have among the highest rates of lead poisoning in the state.

The 2008 community health needs assessment placed multiple environmental health issues in the top ten health concerns as identified by the public. Additionally, for the third year in a row, contacts regarding environmental health issues increased. Below are the statistics for environmental health issues:

Number of Contacts	2006	2007	2008
Water	94	163	208
Air Quality	182	256	425
Asbestos	96	81	88
Hazardous Materials	67	6	0
Lead Hazards	118	127	134
Occupational Hazards	0	0	0
Radiation Hazards	210	182	404
Other Environmental Hazards	0	4	0
Housing	205	261	418
Rabies	99	94	107
Sewage	48	65	47
Solid Waste	139	148	146
Insects/Rodents/Animal Problems	87	76	111
Home Inspections	210	263	235
Totals	1555	1726	2323

Public Health Preparedness and Response

During 2008, Grant County Health Department continued to prepare for public health emergencies including the threat of pandemic influenza.

In addition, we tested our level of preparedness on 6 out of 15 performance measures outlined by the Centers for Disease Control and Prevention as essential to local health departments for their ability to respond to a public health emergency. We also tested the competency of our health department staff with regard to their ability to respond to a public health emergency. We then provided training and re-assessed their level of knowledge. Our staff showed significant improvements in their level of knowledge.

A multi-county exercise was conducted and based on the results of the after action report, additional training and a new focus for an exercise in 2009 has been developed.

Consolidated Grants

The Wisconsin Division of Public Health has continued to provide state and federal grant funds to local health departments in a pass through process called Consolidated Contracts. The following programs are examples of services provided using these funds:

Maternal & Child Health – Public Health Home Visits, Health Check Screening, Car Seat Safety Checks, Fluoride Varnish

Prevention - A five County Environmental Health consortium including Grant, Iowa, Lafayette, Richland, and Vernon counties to address environmental health issues and human health hazards

EIDP – Helps cover the cost of enrollment into the Family Planning Waiver Program and pregnancy testing.

Lead – Blood lead screening of children follow-up services for children with elevated lead levels (Grant, Iowa, Lafayette, Richland, and Vernon counties funds)

Radon – Provide testing, education, and consultation services for residents regarding the risk of radon. (Grant, Iowa, Lafayette, Richland, Vernon, and Crawford counties funds)

WIC (Women, Infants & Children) – Provides nutrition services, drafts, and referrals to women and children under the age of five who meet the income guidelines.

Immunizations – Funds used for maintaining records for each person receiving immunizations and for entering information into Wisconsin Immunization Registry (WIR).

WWWP (Wisconsin Well Women's Program) – The WWWP provides Health services and screening to low income women.

Tobacco-Free Coalition – Funds from Wisconsin Tobacco Settlement provides education and prevention of tobacco use, especially in youth as well as funding for law enforcement and youth to do compliance checks at businesses throughout Grant County.

Public Health Preparedness and Response – Federal funds for planning public health responses and training in conjunction with Emergency Management, Law Enforcement, Fire Departments, health care providers and the community to prepare for local emergencies – both man made and natural disasters.

PERSONAL CARE SERVICE

Personal Care Program

In 2008 the Grant County Health Department served 25 clients on the Personal Care program. These clients receive help with bathing, hair care, skin care and other personal care services. Most of these clients receive service 1 or 2 times a week from the home health aide staff of the department. These clients also receive visits from the nursing staff every 50 to 60 days to ensure care is provided as ordered and the clients are satisfied with the care they receive. This service allows clients who need minimal assistance to remain independent and in their own homes. Personal care services are paid for by Medical Assistance or clients pay privately for the care they receive.

Personal Care Supervision Program

The personal care supervision program in 2008 had contracts with Social Services and Unified Community Services. Under these contracts 154 clients received nursing supervision visits every 50 to 60 days. The registered nurse is supervising the personal care workers who are providing personal care in the client's home. Many of these clients receive extended hours of care in their home, some of these clients receive 8 to 12 hours of personal care daily. This program provides care to the frail elderly, physically disabled and developmentally disabled in their homes. This program is funded entirely by Medical Assistance. In 2009 the Department will no longer be contracted to provide this service to Unified Community Services. This program will also be impacted by Family Care.

In 2010 if Family Care is adopted in Grant County the majority of these clients will be transferred to that program and the supervision visits would be provided by the Family Care case management nurses. This program requires extensive coordination between the supervising RN and the case managers from Social Services or Unified Community Services. The majority of the clients served by this program would need to transition to a skilled nursing facility if they did not receive care through this program.

Number of Patients	2006	2007	2008		Number of Visits	2006	2007	2008
Health Dept (PCS)	25	33	25		Health Dept (PCS)	1,353	1,261	920
Social Service & UCS	145	143	154		Social Service & UCS	586	719	741
COP / CIP Assessments	59	60	85		COP / CIP Assessments	59	60	85
Total Patients	229	236	264		Total Visits	1,998	2,040	1746

HOME NURSING

The Grant County Health Departments home nursing program provides skilled nursing, physical therapy, occupational therapy, speech therapy and home health aide services to eligible residents in their own homes. To qualify for these services clients must need skilled care, the care must be ordered by a physician and the clients must be homebound. In 2008, 298 clients received 5,286 visits by the staff, and contract staff of the department.

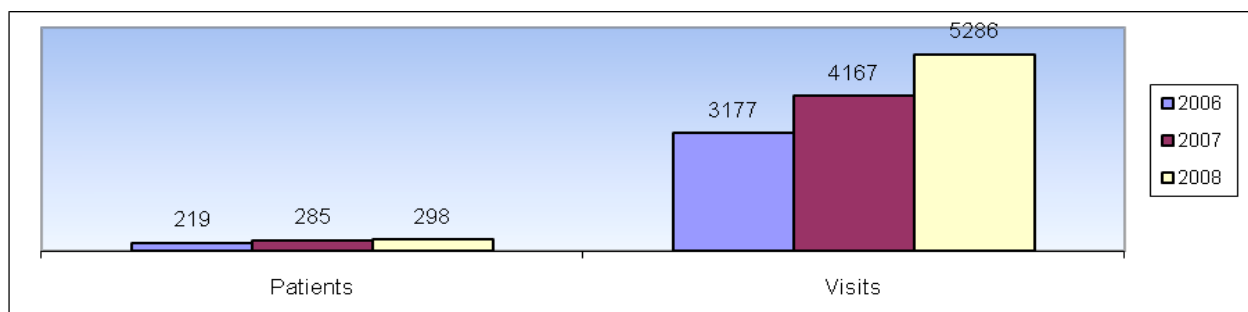
In 2008, to better serve the clients of Grant County and to improve efficiency and cost effectiveness the Department developed contracts with Southwest Health Center and Boscobel Hospital to provide physical therapy and occupational therapy services to clients who reside in their area. In previous years all of the services were provided by Grant Regional Health Center.

Also in 2008, with assistance from a grant, the home nursing program began a telehealth program. This program allows clients to check their blood pressure, pulse, weight, oxygen level and blood sugar using equipment provided by the department. This equipment transmits the results to a server so the staff can evaluate the client's vital signs daily without driving out to the home. This program allows close monitoring of clients while decreasing the need for the nurse to make an actual visit to the home.

The clients who have tried the equipment have been positive about the experience and appreciate the fact that someone is checking on their health status daily. Another aspect of the telehealth program has been the addition of electronic medication dispensers, these dispensers are filled by the RN every 2 weeks, and the dispensers alert the patients when it is time to take their medications. For clients who were having a difficult time remembering to take their meds the dispensers have increased medication compliance and improved the client's health status. The nurse can also check these medication dispensers on line to ensure that the clients have taken their meds as ordered.

The Home Nursing program continues to serve Medicare, Medicare Replacement, Medical Assistance, Private Insurance and private pay clients. No one is denied service because of their ability to pay.

A comparison of Home Nursing patients and visits is listed below.

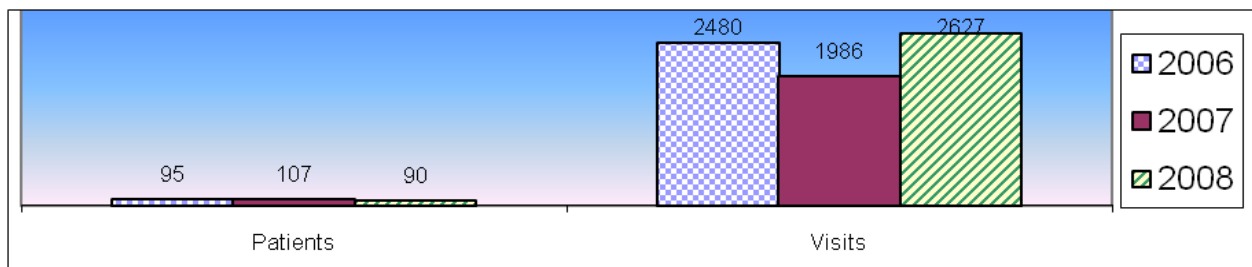


*Includes 106 visits for orientation/supervision of new employees.

HOSPICE

In 2008, 90 clients received care from the Grant County Hospice program. Hospice provides care to clients who have a life limiting illness. This care is provided in the client's residence, which includes not only the clients home but also skilled nursing facilities and group homes.

In 2008 Medicare updated the conditions of participation for all Hospices. The new conditions went into effect in December of 2008. This is the first change Medicare has made to Hospice conditions of participation, since the program was introduced. Preparing for and implementing the changes has been a major challenge for the Hospice program in 2008.



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Ivan Farness, Vice Chair
Margaret Ruf, Secretary

Grant Loy
David Klar

Meena Maski, MD
Mary Kay Logemann, RN, BSN
Philip Wegmann, DDS

The persons listed below are directly responsible for the activities and programs noted in this report. Their dedication and commitment to the residents of Grant County is evident in the quality of the services provided to our communities.

Health Department Staff

Jeff Kindrai, MSPH, RS, Director/Health Officer
Mary J. Rasmussen, RN, BSN, Assistant Director
Deb Udelhoven, Administrative Assistant

Sharon Friederick, RN, BSN
Mary Koenen, RN, BSN
Mareeta Kolman, SW
Julie Leibfried, RN, BSN
Amy Miller, RN, BSN
Nola Sitts, RN
Selina Baus, RN
Troy Moris, RS
Carol Thole, Tobacco-Free Coalition Coordinator
Brenda Cullen, CAN
Lorna Wolf, Billing Clerk
Brenda Halverson, WIC Clerk
Amy Leffler, WIC Tech
Jane Derleth, LTE RN
Kim Adrian, LTE Clerical
Mike Parks, Speech-language Path.

Phyllis Fuerstenberg, RN
Tracy Schildgen, RN, BSN
Kim Leamy, RN, BSN
Jenny Pritchett, RN BSN
Laurie Walker, RN, BSN
Michelle Bishop, RN
Mary Allen, Admission Specialist
Kathy Marty, DFC Project Director
Chris Clauer, CNA
Susan Stohlmeyer, PH Aide
Amy Campbell, Fiscal Clerk
Ann Chrudimsky, RD
Steve Straka, LTE Clerical
Amara Hoffman, LTE RN
Tim Hill, LTE CNA